PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 6, 2004 | | | | | | | 10/384739 | | | |
|--|--|-----------------------------------|-----------------|--|----------------------------|-------------------|------------------------|----------------------------|---------------|---------------|
| CLAIMS A | | | (Column 1) | | (Column 2) | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| U.S. NATIONAL STAGE FEES | | | | | , | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | min | us 100 = | / 50 = | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | // minus 20 = * | | | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | / n | ninus 3 = * | | X \$ 100 = | | OR | X \$ 200 = | |
| MULTIPLE DEPENDENT CLAIM PRE | | | ESENT | ······································ | | + \$ 180 = | | OR | + \$ 360 = | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | · TOTAL | | OR | TOTAL | 900 |
| AMENDMENT A | • | (Column 1) CLAIMS REMAINING AFTER | AMENDED | (Column 2) HIGHEST NUMBER PREVIOUSLY | · (Column 3) PRESENT EXTRA | SMALL E | ADDI- TIONAL FEE | OR | OTHER SMALL E | |
| | Total | * | Minus | PAID FOR | = | X \$ 25 = | FEE | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRES | ENTATION OF N | .L | ENDENT CLAIN | , | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | OR | TOTAL ADDIT. | |
| | | (Column 1) | | (Column 2) HIGHEST NUMBER | (Column 3) | FFF | ADDI- | | FFF | ADDI- |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | | PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | TIONAL FEE | | RATE | TIONAL FEE |
| | Total | * | Minus | ** | = | X \$ 25 = | | OR | X \$ 50 = | |
| | Independent | * | Minus | *** | = | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| TOTAL ADDIT. | | | | | | | | OR | TOTAL ADDIT. | |
| | | | | | | | | | | |
| * | | umn 1 is less than th | | | | | | | | |

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.